

**310-I HOME HEALTH SERVICES**

 EFFECTIVE DATES: 10/01/94, 10/01/17, 10/01/18, xx/xx/xx<sup>1</sup>
**REVISION**
**APPROVAL** DATES: 10/01/01, 10/01/06, 05/01/11, 11/16/17, 07/11/18, 01/16/20<sup>2</sup>
**I. PURPOSE**

This Policy applies to ~~AHCCCS Complete Care~~ (ACC), ALTCS E/PD, DCS/CMDP (CMDP), DES/DDD (DDD), and RBHA Contractors; Fee-For-Services (FFS) Programs ~~as delineated within this Policy~~<sup>3</sup> including: Tribal ALTCS, the American Indian Health Program (AIHP); and all FFS populations, excluding Federal Emergency Services (FES). (For FES, see refer to AMPM Chapter 1100). This Policy establishes requirements regarding Home Health Services.

**II. DEFINITIONS**
**FACE-TO-FACE ENCOUNTER**

For the purposes of this Policy, a Face-To-Face visit, in person or via telehealth, with a member's PCP or non-physician practitioner, related to the primary reason the member requires home health services [42 CFR 440.70].<sup>4</sup>

**HOME HEALTH AGENCY (HHA)**

A public or private agency or organization, or part of an agency or organization, which is licensed by the state, that meets requirements for participation in Medicare, including the capitalization requirements under 42 CFR 489.28 [42 CFR 440.70].

**HOME HEALTH SERVICES**

Nursing services, home health aide services, therapy services, and medical supplies, equipment, and appliances as described in 42 CFR 440.70 when provided to a member at his place of residence and on his or her physician's orders as part of a written plan of care [42 CFR 440.70].

**INTERMITTENT<sup>5</sup> NURSING SERVICES**

For purposes of this Policy, skilled nursing services provided by either a RN or LPN, for visits of two hours or less in duration, up to a total of four hours per day.<sup>6</sup>

<sup>1</sup> Policy Effective Date will be the date Published to the AMPM Web Page

<sup>2</sup> Date policy is approved

<sup>3</sup> Deleted per new policy standard

<sup>4</sup> Added to align with the content. Moved it from AMPM 1240-G

<sup>5</sup> Deleted "or Part-Time" for consistency with the rest of the Policy

<sup>6</sup> Added to align with the content. Moved it from AMPM 1240-G

LICENSED NURSING ASSISTANT (LNA)<sup>7</sup>

Pursuant to A.R.S. §32-1601, a person who is licensed to provide or assist in the delivery of nursing or nursing-related services under the supervision and direction of a licensed nursing staff member. Licensed nursing assistant does not include a person who:

- (a) Is a licensed health care professional.
- (b) Volunteers to provide nursing assistant services without monetary compensation, or
- (c) Is a certified nursing assistant.

**PLACE OF RESIDENCE**

A member's place of residence, for home health services, does not include a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities, except for home health services in an intermediate care facility for Individuals with Intellectual Disabilities that are not required to be provided by the facility under subpart I of part 483. For example, a registered nurse may provide short-term care for a beneficiary in an intermediate care facility for Individuals with Intellectual Disabilities during an acute illness to avoid the beneficiary's transfer to a nursing facility.

**III. POLICY**

AHCCCS covers medically necessary ~~H~~home ~~H~~health ~~S~~services provided in the member's ~~P~~place of ~~R~~residence as a cost effective alternative to hospitalization. Covered services, within certain limits, include: ~~home health~~~~Intermittent N~~nursing ~~visits~~~~and~~, home health aide services, medically necessary medical equipment, appliances and supplies, and therapy services for AHCCCS members. Home ~~H~~health ~~S~~services are covered when ordered by the member's treating physician. ~~These services shall be medically necessary and cost effective.~~<sup>8</sup>

~~ALTCS covers home health services for members who are either Elderly and/or have Physical Disabilities (E/PD) and/or members with intellectual disabilities receiving home and community based services.<sup>9</sup> Refer to AMPM Policy 1240-G for additional information.<sup>10</sup>~~

**A. HOME HEALTH AGENCIES<sup>11</sup>**

Home Health Services shall be provided by a Medicare certified HHA licensed by the Arizona Department of Health Services (ADHS). Under limited circumstances when specific criteria are met, Home Health Services may be provided by either a state licensed HHA or by an AHCCCS-registered Independent Registered Nurse (RN), as specified in

<sup>7</sup> Added definition for LNA to align with A.R.S. 32-1601

<sup>8</sup> Moved it from AMPM Policy 1240-G to align with this policy

<sup>9</sup> Deleted. Language not needed

<sup>10</sup> Deleted. AMPM Policy 1240-G is a private duty nursing policy

<sup>11</sup> Moved the following language from AMPM 1240-G

AMPM Policy 1240-G. All other requirements of 42 CFR 440.70 apply; however, Intermittent Nursing Services shall be provided by an RN or an LPN.

1. A non-Medicare certified State licensed HHA or an AHCCCS registered Independent RN is permitted to provide Home Health Services only under the following circumstances:
  - a. Intermittent Nursing Services are needed in a geographic service area not currently served by a Medicare certified HHA,;
  - b. The Medicare certified HHA in the applicable geographic service area lacks adequate staff to provide the necessary services for the member(s), or
  - a-c. The Medicare certified HHA is not willing to provide services to, or contract with, the Contractor.
  
2. When a non-Medicare certified HHA or AHCCCS-registered Independent RN is used for Home Health Services as specified above, the following apply:
  - a. Non-Medicare Certified HHAs:
    - i. Shall be licensed by the state,
    - ii. The Contractor or AHCCCS/DFSM<sup>12</sup> shall maintain documentation supporting at least one of the three circumstances specified above,
    - iii. The state licensed HHA shall be an AHCCCS registered provider which employs the individuals providing Home Health Services, and
    - iv. Intermittent Nursing Services shall be provided by an RN who is employed by the state licensed HHA.
  - b. Independent RN:
    - i. The Contractor or AHCCCS DFSM shall maintain documentation supporting at least one of the three circumstances specified above,
    - ii. The Independent RN shall be registered as an AHCCCS registered provider,
    - iii. Independent RNs shall receive written orders from the member's Primary Care Provider (PCP) or physician of record, are responsible for all documentation of member care, and are responsible for the transmission of said documentation to the member's PCP, and
    - iv. Contractors who contract with Independent RNs to provide home health skilled nursing shall develop oversight activities to monitor service delivery and quality of care provided by the Independent RN.

Refer to AMPM Policy 820 for prior authorization requirements for FFS providers.<sup>13</sup>

#### A.B. HOME HEALTH INTERMITTENT NURSING AND HOME HEALTH AIDE SERVICES

Home health nursing and home health aide services are provided on an intermittent basis as ordered by a treating physician (42 CFR 440.70)<sup>14</sup>. For information on continuous skilled nursing services/private duty nursing, refer to AMPM Policy 1240-G.

<sup>12</sup> Added AHCCCS/DFSM and is in alignment with manuals

<sup>13</sup> Deleted as it doesn't add value to the policy

<sup>14</sup> Included CFR reference

1. Home health aides provide non-skilled services under the direction and supervision of an RN. The services include monitoring of a member’s medical condition, health maintenance or continued treatment services, and activities of daily living.
  
2. The unit of home health aide services is one visit. A visit is usually one hour, but may be greater or lesser depending on the time it takes to render the procedure(s). Visits include at least one of the following components:
  - a. Monitoring the health and functional level, and assistance with the development of the HHA plan of care for the member,
  - b. Monitoring and documenting of member -vital signs, as well as reporting results to the supervising RN or physician,
  - c. Providing members with personal care,
  - d. Assisting members with bowel, bladder and/or ostomy programs, as well as catheter hygiene (does not include catheter insertion),
  - e. Assisting members with self-administration of medications,
  - f. Assisting members with eating, if required, to maintain sufficient nutritional intake, and providing information about nutrition,
  - g. Assisting members with routine ambulation, transfer, use of special appliances and/or prosthetic devices, range of motion activities or simple exercise programs,
  - h. Assisting members in activities of daily living to increase member independence,
  - i. Teaching members and families how to perform home health tasks, and
  - j. Observation and reporting to the HHA Provider and/or the ALTCS Case Manager of members who exhibit the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during the course of service delivery.<sup>15</sup>
  
3. Intermittent Nursing Services shall be provided by a RN, or a LPN under the supervision of an RN or physician as specified in R4-19-401. LPNs may only provide Intermittent Nursing Services if they are working for an -HHA.

—A unit of Intermittent Nursing Services is 15 minutes. The length of a single visit shall not exceed two hours (eight units). No more than four hours (16 units) may be provided per day. Examples include, but are not limited to:<sup>16</sup>
4. \_\_\_\_\_

<u>VISITS PER DAY</u>	<u>UNITS PER VISIT</u>
<u>One</u>	<u>Four units</u>
<u>Two</u>	<u>First visit/-eight units,; Second visit/-eight units</u>
<u>Three</u>	<u>First visit/-eight units,; Second visit/-four units,; Third visit/-four units</u>

<sup>15</sup> Moved it from AMPM 1240-G to align with this policy

<sup>16</sup> Moved it from AMPM Policy 1240-G to better align with this Policy

5. Intermittent Nursing Services may be provided to members residing in an Assisted Living Facility (ALF) when Skilled Nursing Services are not provided by the ALF,; hence these services are not included in the facility’s per diem rate.<sup>17</sup>
6. It is permissible for a family member, including but not limited to<sup>18</sup> parents and guardians of minor children or adult<sup>19</sup>, to provide Home Health Aide services when the individual is an LNA and employed by a Medicare Certified HHA.<sup>20</sup>

**B-C. PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AND SPEECH THERAPY SERVICES**

Physical therapy, occupational therapy, and speech therapy services provided by a licensed home health agency HHA are covered for members as specified in AMPM Policy 310-X and -AMPM Policy 1250-E.

**C-D. MEDICAL EQUIPMENT, APPLIANCES AND SUPPLIES**

Medical equipment, appliances, and supplies provided by a licensed home health agency HHA are covered for members as specified in AMPM Policy 310-P.

**D-E. FACE-TO-FACE ENCOUNTER REQUIREMENTS**

1. Face-to-Face Encounter requirements apply to FFS members only.
2. For initiation of Home Hhealth Services, a Face-to-Face Encounter between the member and practitioner that relates to the primary reason the member requires Home Hhealth Services is required within no more than 90 days before or within 30 days after start of services.
3. The Face-to-Face Encounter must shall<sup>21</sup> be conducted by one of the following:
  - a. The ordering physician,
  - b. A nurse practitioner or clinical nurse specialist working in collaboration with the physician in accordance with state law,
  - c. A certified nurse midwife as authorized by state law,
  - d. A physician assistant under the supervision of the ordering physician, or
  - e. For members admitted to home health immediately after an acute or post-acute stay, the attending acute or post-acute physician.
4. The non-physician practitioner specified above who performs the Face-to-Face Encounter must shall communicate the clinical findings of the Face-to-Face Encounter to the ordering physician.

<sup>17</sup> Added from AMPM Policy 1240-G

<sup>18</sup> POST APC CHANGE: added ‘but not limited to’ for clarity

<sup>19</sup> POST APC CHANGE: added ‘adult’ for clarity

<sup>20</sup> Added to clarify compliance with the new state statute

<sup>21</sup> Changed “must” to “shall” throughout policy

5. The clinical findings ~~must~~ shall be incorporated into a written or electronic document in the member’s medical record.
6. Regardless of which practitioner performs the ~~F~~face-to-~~F~~face ~~E~~encounter related to the primary reason that the member requires ~~H~~home ~~H~~health ~~S~~services, the physician responsible for ordering the services ~~must~~ shall document the practitioner who conducted the encounter, the date of the encounter, and that the ~~F~~face-~~to~~-~~F~~face ~~E~~encounter occurred within the required timeframes.
7. The ~~F~~face-to-~~F~~face ~~E~~encounter may occur through telehealth.

**F. ALTCS MEMBER CONSIDERATIONS**

1. The ALTCS member’s need for services is identified through the service assessment and planning process conducted by the ALTCS<sup>22</sup> Case Manager or identified by a physician and authorized based on the orders (type, number, and frequency of services) of a physician and documented in the ALTCS ~~E/PD, DDD, or Tribal~~ ALTCS member’s Service Plan.
- ~~1.2.~~ The ALTCS member’s Plan of Care developed by the HHA provider, shall be reviewed by a physician every 60 days in accordance with 42 CFR 424.22. The plan shall be authorized and monitored by the ALTCS member’s Case Manager as specified in AMPM Policy 1620-E.<sup>23</sup>
- ~~2.3.~~ For ALTCS members, skilled nursing assessments required pursuant to criteria and guidelines specified in AMPM Policy 1620-K, shall be performed by skilled nursing staff of a Medicare certified and/or State licensed HHA or AHCCCS-registered Independent RN. The following are examples of conditions requiring a skilled nursing assessment:
  - a. pressure ulcers,
  - b. surgical wounds,
  - c. tube feedings,
  - d. pain management, and/or
  - e. tracheotomy.
- ~~4.~~ The service provider is required to submit written monthly progress reports to the ALTCS member’s Primary Care Provider (PCP) or attending physician regarding the care provided to each assigned ALTCS member. Refer to AMPM Policy 1620-E and 1620-L for case management quarterly discussion and documentation requirements.<sup>24</sup>
- ~~3.5.~~ HHA-Home Health<sup>25</sup> services may not be provided on the same day that an ALTCS ~~E/PD, DDD, or Tribal~~ ALTCS member receives adult day health services without special justification by the ALTCS member’s Case Manager and approval by the

<sup>22</sup> Added ‘ALTCS’ for clarification

<sup>23</sup> Added from AMPM 1240-G; revised reference to be 1620-E and included reference for CFR

<sup>24</sup> Moved from below

<sup>25</sup> Revised to Home Health services



Contractor or AHCCCS Tribal ALTCS Unit<sup>26</sup> –for ~~FFS-Tribal~~ ALTCS members. Authorized Home Health Aide services for personal care and/or homemaker services as a part of ~~HHA-Home Health~~ services, shall not be provided separately by a homemaker/personal care or attendant care provider on the same day.

OPEN UNTIL 03/17/20

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<sup>26</sup> Included appropriate unit